

Physician Assistant Committee

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CHANGE OF NAME FORM WALL CERTIFICATE AND WALLET RECEIPT

NOTE: If your wall certificate or wallet receipt was lost, stolen or destroyed DO NOT submit this form, complete and submit a Request for Duplicate form.

The Physician Assistant Committee may recognize a name change by a licensee if that name is now his/her new name for ALL purposes and if the change is not made for fraudulent purposes.

FEE: Return this completed form with the following a) the documents requested below b) \$20.00 processing fee		
NEW NAME (PRINT OR TYPE)	FORMER NAME	TELEPHONE NUMBER
MAILING ADDRESS NUMBER STREET CITY	STATE ZIP+	LICENSE NUMBER
		PA
CHANGE OF ADDRESS?		DATE OF BIRTH
☐ NO ☐ YES IF YES, YOUR RECORDS WILL BE CHANGED		
NEW NAME ASSUMED BASED ON (CHECK ONE)		
☐ MARRIAGE ☐ DISSOLUTION OF MARRIAGE ☐ COURT ORDER ☐ NATURALIZATION		
OTHER (PLEASE SPECIFY):		
ATTACH TO THIS APPLICATION THE FOLLOWING DOCUMENTS AS APPLICABLE:		
□ COPY OF MARRIAGE CERTIFICATE □ COPY OF DISSOLUTION DECREE □ COPY OF COURT ORDER		
□ SELF-CERTIFIED STATEMENT ATTESTING TO THE FACT OF NAME CHANGE BY NATURALIZATION		
You must apply to the Physician Assistant Committee for a duplicate wall certificate and wallet receipt which will reflect your new name.		
Attach a 2 x 2 passport quality photograph of your head and shoulders taken within 60 days of the date of this application in the space provided		ATTA OU DUOTOOD ADUUEDE
I declare under penalty of perjury under the laws of the State of California that the		ATTACH PHOTOGRAPH HERE
information given above is true and correct and that I am the person who was issued the original California license by the Physician Assistant Committee, a		2 X 2
duplicate of which is requested here.		
I hereby certify that the name change is not made for fraudulent purposes and		PASSPORT QUALITY
that the attached photograph was taken within 60 days of this application.		
SIGNATURE	DATE	
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G/PAC/FINALFORMS/CHANGE OF NAME (9/07)